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ABSTRACT

This paper notes that the rapid increase in the number of support groups for older persons and for their caregivers necessitates a look at the role of the professional as a facilitator of support groups. It defines the concepts of social support and support group and then proceeds to describe the dynamics of a suport group. Definitions proposed by several authors are discussed. The role and function of the facilitator at each stage in the life of the support group are presented. Tables are included listing facilitator behaviors for each of the developmental stages of the support group (pregroup, preaffiliation or inclusion, power and control, intimacy, differentiation, and termination). Ways of gaining experience before facilitating a support group are suggested. The need to acquire an academic knowledge base regarding the operation of support systems and of support groups, the need to observe and belong to an organized support group, and the need to allow the beginning facilitator to develop a small scale support group or to co-facilitate a support group are discussed. Emphasis is placed on the facilitator drawing out the expertise of the group members. (Author/NB)

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PROFESSIONAL FACILITATION OF SUPPORT GROUPS: NECESSARY ATTITUDES AND KNOWLEDGE

by

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ABSTRACT

The rapid increase in the number of support groups for older persons and for their caregivers necessitates a look at the role of the professional as a facilitator of support groups. This paper defines the concepts of social support and support group and then proceeds to describe the dynamics of a support group. The role and function of the facilitator at each stage in the life in the support group are presented, and finally, ways of gaining experience in support group facilitation are suggested. Emphasis is on the facilitator drawing out the expertise of the group members.

INTRODUCTION

Throughout the last decade, there has been a proliferation of professional literature devoted to the subject of social support and support groups. There is profound evidence that the presence of social support in a person's life will lessen the effects of stressful events, and for that reason, knowledge of the dynamics of social support and of the workings of support groups is vital for any professional service provider (Dickel & Boytim, 1986).

Since this group is concerned with gerontological issues, it is appropriate to begin by noting that older persons who receive sound social support also experience higher morale, a diminished sense of loneliness, fewer feelings of uselessness, greater feelings of community respect, and "...a zest for life" (Hooyman, 1983, p.139). The same statement is definitely plausible for caregivers, as well, for in their strain, social support can lessen their sense of stress.

Ever since the pioneering work of Cassel (1976) and Cobb (1976), there has been interest in the direct and/or buffering effect of social support by social scientists and policy makers. Garbarino (1983) summarizes the research on support systems and states that it has demonstrated importance, whether provided by "...kin, friends, neighbors, [or] volunteer lay helpers" (p. 23). The natural environment seems very capable of providing supports to people, but this is not to suggest that the professional is not needed. Rather, Garbarino stresses that professionals must play a role, but it involves engaging in activities that are beyond the training of most professionals. Policy-makers have expressed interest in support groups for the simple reason that they enable professional skills to reach more people. Hess (1982) believes that support groups "conserve [professional] resources" (p. 1), and they provide the bonds for developing a community that is enduring. And, Aubry and Lewis (1983) encourage professionals to become "buffer builders" (p. 11) by facilitating the development of groups that enable mutual helping. Here, there is the suggestion that natural helpers are effective and that the counselor can serve as a facilitator for linking together people of varying needs.

This paper will present material that is intended to begin to prepare professional facilitators who chooses to facilitate support groups as a part of their practice. The content will tend to be generic in terms of group focus and participant age, for the principles presented apply across the spectrum of support groups.

WHAT IS SOCIAL SUPPORT?

Social support is hypothesized to have both a direct effect and a buffering effect on the health and well-being of an individual, and because of this, it can lead directly to the prevention of physical and emotional difficulties. Cohen and Syme (1985) state that

> The direct effect hypothesis argues that support enhances health and well-being irrespective of stress level...The preception that others are willing to help could result in increased overall positive affect and in elevated senses of self-esteem, stability, and control over the environment. These psychological states may in turn influence susceptibility to physical illness through their effects on neuroendocrine or immune system functioning...or through changes in helath-promoting behaviors...Membership in social networks may also result in increased senses of predictability, stabilty, and control because they provide the opportunity for regularized social interaction and the concomittant feedback that allows adoption of appropriate roles and behaviors. (pp. 6-7)

In describing the buffering hypothesis, the same authors say that support

> ...exerts its beneficial effects in the presence of stress by protecting people from the pathogenic effects of such stress. In this model, support may play a role at two different points in the stress-pathology causal chain (Cohen & McKay, 1984; Gore, 1981; House, 1981). First, support may intervene between the stressful event (or expectation of that event) and the stress experience by attenuating or preventing a stress response. In short, resources provided by others may redefine and reduce the potential for harm posed by a situation and/or bolster the ability to cope with imposed demands, hence preventing the appraisal of a situation as stressful. Second, support may intervene between the experience of stress and the onset of the pathological outcome by reducing or eliminating the stress experience or by directly influencing responsible illness behaviors or physiological processes. (Cohen & Syme, 1985, p. 7)

House (1981) who summarizes the preceding statements by suggesting that social support may assist in reducing or eliminating the effects of stress in three ways: (1) Social support may enable a person not to perceive a situation as a source of stress; (2) social support may act on the neuroendocrine system to reduce a person's reaction to a stressful situation, or (3) social support may encourage people to engage in more healthful behaviors that will enhance their ability to combat stress.

Social support has been defined by various people in various ways. In one of the original essays on social support and mental health, Caplan (1974) stresses the importance of social support to the individual's well-being, and he defines "...'support systems' as enduring patterns of interaction that help the individual maintain a sense of self" (Lewis and Lewis, 1977, p. 198). Cobb (1976) believes that social support is information that a person receives from others, and this information leads the receiver to believe that he/she "is cared for and loved"(p. 300), "is esteemed and valued" (p. 300), and "belongs to a network of communication and mutual obligation" (p. 300). Pilisuk and Parks (1980) believe that the process of social support consists of several kinds of interpersonal interactions that "provide an individual with information, emotional reassurance, physical or material assistance, and a sense of the self as an object of concern" (p. 158). Barrera (1981) combines the beliefs of several authors in deriving the following categories of functional behaviors that comprise social support:

> Material Aid: providing material aid in the form of money and other physical objects;
> Physical Assistance: sharing of tasks;
> Intimate Interaction: interacting in a nondirective manner such that feelings and personal concerns are expressed;
> Guidance: offering advice and guidance;
> Feedback: providing individuals with information about themselves;
> Social Participation: engaging in social interactions for fun, relaxation, and diversion from demanding conditions. (p. 75)

And, Berkowitz (1982) describes a social support system as " an array of individuals, groups, and organizations which maintains order and gives meaning to a person's social existence" (p. 5). In a profoundly influential exercise, he suggests that readers consider their own support system and what it provides.

> It sustains you, both passively and actively. To start with, it gives you security, just by being there, like money in the bank you never touch. More actively, it provides recognition; you are known, as a person. It confers affirmation; you are worthwhile, a valuable person. People in your support system can extend task-oriented assistance ranging from watering the plants when you are away, to providing information on your legal rights, to offering cash payments when you are dead broke. They can give you emotional comfort when you need a sympathetic ear, or someone to guide you through a personal crisis. Your support system stimulates your participation in community life, by allowing you to express your competence, and by supplying you with chances to reciprocate the support you have received. And finally, your supports promote personal growth, by making it

> easier to take risks; you have the backing to try, the encouragement along the way, the approval if you succeed, the cushioning should you fall. (p. 6)

Finally, Berkowitz (1982) concludes by saying that recent research findings document that social support "protects against emotional illness and contributes strongly to feelings of psychological well-being" (p. 6), and when absent contributes to "emotional and physical disruption" (p. 6).

While these definitions do provide some understanding of the concept and practice of social support, the professional helper is left with incomplete understanding and with little basis for teaching supportive behaviors to others. Gottlieb (1978), however, provides an explicit listing and illustrations of helping and supportive behaviors, and the beauty of this collection is that each behavior is teachable to others. These are classified into the four broad categories of (1) emotionally sustaining behaviors, (2) problem-solving behaviors, (3) indirect personal influence behav-iors, and (4) environmental action behaviors.

In his first category, Gottlieb places twelve 'emotionally sustaining behaviors'

> which describe personal qualities or behaviors of the helper which promote emotionally supportive conditions for the helpee. This class includes a grouping of categories which resemble the core of facilitative conditions associated with constructive client change in the classical counseling literature. (p. 108)

The behaviors include (1) unfocused talking, (2) providing reassurance, (3) providing encouragement, (4) listening, (5) reflecting understanding, (6) reflecting respect, (7) reflecting concern, (8) reflecting trust, (9) reflecting intimacy, (10) providing companionship, (11) providing accompaniment in stressful situations, and (12) providing extended period of care (Gottlieb, p. 110).

In his second category, there are eleven 'problem-solving behaviors' that "describe ways in which the helper supplements the helpee's coping resources by providing new information, and by personally intervening in the problem situation" (Gottlieb, p. 108). The behaviors that comprise this category are (1) focused talking, (2) providing clarification, (3) providing suggestions, (4) providing problem-solving directives, (5) providing information about the source of the stress, (6) providing referral, (7) moni- toring problem-solving directives, (8) buffering the helpee from the source of stress, (9) modeling and providing testimony of own experience, (10) providing material aid and/or direct service, and (11) distracting the helpee from problem focus (Gottlieb, pp. 110-111).

The third category of supportive behaviors that Gottlieb defines is entitled 'indirect personal influence' and includes two behaviors

> which represent latent types of influence. Here, the helper's influence is not necessarily extended in an ongoing interaction, but rests on the helpee's conviction that the helper or the helper's resources are available when needed. (p. 108)

These behaviors convey reliability and comprise (1) reflecting unconditional access and (2) reflecting readiness to act (Gottlieb, p. 111).

Gottlieb's last category of supportive behaviors denotes the the concept of social advocacy and is labeled 'environmental action.' Here, the helper provides social support to the helpee by intervening in the helpee's environment to either eliminate or reduce the source(s) of stress.

As previously stated, the range of explicit supportive behaviors presented by Gottlieb carries a teachable quality. He presents them clearly and with examples, and the support group facilitator may want to consider using them as an intervention to help members be more responsive to each other during the life of the group. They provide members with actions to display and with behaviors to request from others.

WHAT IS A SUPPORT GROUP?

In an every day sense, a person's support group is comprised of those people on whom that individual can depend for assistance in times of trouble. A definition more germane to the topic of this presentation is given by Rosenberg (1984) who states that at the core of any definition of a support group is the "...sharing [of] one's problems with others suffering from the same stress" (p.176). For Pearson (1983), members of a support group share a common problem or concern, and the group offers support to members who are trying "...to cope with a life crisis, concern, or transition common to them all" (p.361).

Riessman (1985) concurs with this point of view by saying that support groups are "...made up of individuals who have the same problem or need and whose members help each other in dealing with the problem" (p.2). People facing the same concerns may gravitate toward others who are in the same predicament, for these others may be able to provide "...high levels of understanding and more relevant assistance" (Pearson, 1983, p.361) than professional or nonprofessionals who are not in the same circumstance.

The emphasis in the support group on peer help is based on the idea that common background can be more effective than assistance from nonpeers. Rosenberg (1984) stresses that

> Support groups gain their strength from the interdependence of the fate of their members....each member is aware that every other member is laboring under the same "handicap". Members feel that by improving their own competence in handling the situation they are also improving the competence of other group members and perhaps the social condition of the group as a whole. (p.125)

Members are seen as "...the victims of a negative ecobiological system" (Rosenberg, 1984, p.176). Individual personality and the environmental circumstance combine to yield a stressed person.

Thus, a support group is a collection of people with a common problem or concern. They meet to discuss their common problem or concern, and they derive support and assistance from their peers in meeting the challenges that the problem presents to them each day, and they reciprocate this support.

WHAT ARE THE DYNAMICS OF A SUPPORT GROUP?

Most social workers, counselors, nurses, psychologists, etc. have been trained to work within the context of the traditional counseling group. This group is lead by a professionally trained individual, and members of the group are typically screened to insure their "fit" with the goals of the group. During the group, members are usually free to do as they wish, but in reality, the leader keeps the flow going and retains control of the activities. The leader is the expert, and members look to the leader for direction and assistance in handling their problems and concerns.

Yalom (1975) describes the therapeutic factors in group counseling, and these provide a transition from the therapy group to the support group. These factors were obtained from group members using a Q-sort technique.

1. Interpersonal input
2. Catharsis
3. Cohesiveness
4. Self-understanding
5. Interpersonal output
6. Existential factors
7. Universality
8. Instillation of hope
9. Altruism
10. Family reenactment
11. Guidance

12. Identification. (p. 83)

It is of interest to note the Q-sort items that respondents placed in the category of "most helpful" qualities, and these items follow in their order of importance.

> Discovering and accepting previously unknown or unacceptable parts of myself.
> Being able to say what was bothering me instead of holding it in.
> Other members honestly telling me what they think of me.
> Learning how to express my feelings.
> The group's teaching me about the type of impression I make on others.
> Expressing negative and/or positive feelings toward another member.
> Learning that I must take ultimate responsiblity for the way I live my life no matter how much guidance and support I get from others.
> Learning how I come across to others.
> Seeing that others could reveal embarrassing things and take other risks and benefit from it help me to do the same.
> Feeling more trustful of groups and of other people.
>
> (Yalom, 1975, p.82)

Levy (1976) contains the beginning of a description of what happens in support groups, and in Levy (1979), the processes operating in these groups are divided into those that are behaviorally oriented and those that are cognitively oriented. The following behaviorally oriented processes may not appear unique, but in a support group where members are both givers and receivers, they are unique (Levy, 1979). These processes include (1) use of "direct and vicarious social reinforcement" (p. 246) to shape desirable actions and to eliminate or control problem actions; (2) "training, indoctrination, and support in the use of various kinds of self-control behaviors" (p. 247); (3) modeling of strategies for coping with stress and for behavior change; and (4) giving members behaviors they can use to make changes in the way they live.

According to Levy (1979), the cognitively oriented processes within support groups enable members to improve their coping abilities, develop their problem-solving skills, and change their perceptions of themselves and their problems. These processes include (1) providing a rationale that explains the problem and how involvement in the group will enable coping; (2) giving of advise and information; (3) expanding understanding of their own problem and possible coping actions by exposing them to the circumstances of others; (4) enhancing discrimination abilities regarding the contingencies to which they respond; (5) supporting attitude change regarding self, actions, and environment; (6) reducing feelings of isolation and doubt through comparison with

others in the group and through "consensual validation" (Levy, 1979, p. 254); and (7) developing an environment conducive for growth into new concepts of one's self.

Levy (1979) also lists twenty-eight help-giving activities that take place in support groups. They provide an insight into some of the member-to-member behaviors that occur and which can be taught to group members to enable the group to operate more constructively. These behaviors are (1) behavior prescription, (2) behavioral proscription, (3) behavioral rehearsal, (4) positive reinforcement, (5) punishment, (6) extinction, (7) modeling, (8) self-disclosure, (9) sharing, (10) confrontation, (11) encouragement to share, (12) reflection and paraphrasing, (13) requesting feedback, (14) offering feedback, (15) reassurance of competence, (16) justification, (17) mutual affirmation, (18) empathy, (19) normalization, (20) morale building, (21) personal goal setting, (22) establishing group's goals, (23) reference to group's norm, (24) consensual validation, (25) functional analysis, (26) discrimination training, (27) explanation, and (28) catharsis (pp. 260-263).

The support group differs from the counseling or therapy group on a number of dimensions. For Rosenberg (1984), there are four primary dynamics that produce change in a support group. First, the group reinforces positive coping behaviors and interpersonal learnings, and reconstruction and personality change are avoided. Second, members control the focus of the group. They do the majority of the work during group sessions as "...they advise, suggest, reality test, empathize, and support each other" (p. 177). Third, members give guidance to each other via the personal stories that they share. These stories contain strategies for successful coping and for accessing appropriate resources (e.g., one caregiver telling another which physician has been particularly willing to listen to an older Alzheimer's Disease patient). And, fourth, the support group provides therapy that is comfort-oriented rather than curative.

Riessman (1983) characterizes effective support groups as those in which (1) help-giving is a norm that is distributed broadly across the group; (2) there is cohesion and commitment; (3) new members are added and older members become help givers; (4) members give personal help as well as seeking broader environmental (institutional) change; (5) leadership is shared by all members; (6) there are rewards for participation; (7) there is an ideology which enables members to understand what they are experiencing and there is a strategy that enables them to cope with their problem; (8) members are involved in a very definite problem situation; (9) members have developed "tradition and structure" (p. 10); (10) there is a knowledge base that results from the experiences of the members; (11) there is some kind of affiliation with an appropriate professional community; (12) there is an evenness between formality and informality; (13)

there are a variety of supportive activities; (14) there is attention paid to the fact that some members may fall back to old behavior patterns; (15) there is a strong group belief in its effectiveness; (16) there is homogeneity of members with regard to "background, age level, education, and interests" (p. 11); (17) the necessary resources for functioning are available; (18) change is sought in member behaviors as well as attitudes and thoughts; (19) there is some kind of national affilitation; (20) meetings are held in places that are convenient and rewarding; (21) there are at least two people with lots of "energy"; and (22) there is a social and recreational component to meetings.

It can be said that the support group has a major dynamic and that is the expertise of members. They interact through their stories of pain and coping, and they learn coping behaviors and the identity and location of appropriate resources from each other. Along the way, they exchange with each other a multitude of behaviors that enable members to feel good about themselves, to not feel alone in their plight, and to better cope with their presenting concerns.

WHAT IS THE ROLE OF THE FACILITATOR OF SUPPORT GROUPS?

As stated in the preceding section, the professional who facilitates a support group takes on a different posture from that of a typical leader of a counseling group. Silverman (1980) cautions that facilitators will only be effective in working with support groups if they change how they view their own role in creating change. For her, the focus must be on enabling members of the group to help each other and themselves. Silverman (1986) states even more strongly that

> If professionals....believe that mutual help groups cannot do their work without the help of a professional and that lay people should not be helping with personal problems, these professionals should not seek such collaboration. (p. 72)

Mallory (1984) concurs by stating that facilitators must understand how support groups are therapeutic, because in the support group, expertise lies in each member. "... it is the sharing of expertise gained from life experience that provides members with new options and support" (p. 24). He illustrates his contention with the following:

> The distinction can be reflected in the cost of participation in a group. While minimal dues may be paid to maintain a [support] group, these dues are often optional and are paid to the group, not to the facilitator. In a therapy group the therapist is hired for his or her expertise and is not a member in the full sense of the word. Each member has

> a legitimate expectation that the therapist will use expertise to the client's advantage in the group. The therapist, by virtue of the contract and the money exchanged and his or her knowledge, is the final authority. The therapist will use some techniques in the exercise of his or her profession that would be inappropriate in a [support] group. In a [support] group the helper role shifts from member to member, thus ensuring that input by all is maximized. It is not appropriate for the therapist to expect to get his or her needs met in the therapy group. (pp.24-25)

And, Pearson (1986) encourages professionally trained group leaders to remember that "...there are many groups that do very well without professional assistance" (p. 66).

Thus, the facilitator must shift orientation, and perhaps, it might be most appropriate if the leader shares the dominant problem or concern that is the focus of the group. Coplon and Strull (1983) suggest that it is most common for helping professionals to be involved in facilitating a support group in which they are also peers who share common problems with the group. This seems desirable but not absolutely necessary. Silverman (1980) suggests a novel compromise in which the professional co-leads the group with someone "...who has had personal experience with the problem under consideration" (p.40).

Rosenberg (1984) specifies four principles for the facilitation of support groups.

> (1) [Facilitation] transparency is high. The [facilitator] of a support group is an active role model rather than a member of the group; the [facilitator] shares feelings and carefully demonstrates the positive supportive attitudes, which members then assume toward one another.
>
> (2) The [facilitator] places emphasis on building trust, support, and communication among group members.
>
> (3) The [facilitator] is usually the only member of the group who avails himself or herself of analogous reasoning or interpretation.
>
> (4) The [facilitator] has the role of helping the group become the prototype of the well-regulated integrated family. (p.178)

Initially within the group, along with being a manager of the verbal traffic, the facilitator is an instructor in interpersonal relations. It must be remembered that part of the task of facilitation it to not only enable the members to gain support from one another but also to receive support from the group as a whole and from within themselves. The facilitator realizes that

there are three possible sources of support available within the group. Members have themselves (intrapersonal level), they have other group members (interpersonal level), and they have the group or community (system level) (Frew, 1986). The facilitator uses knowledge of group dynamics and observations of members' behaviors to assess where members are drawing support, and then, the facilitator implements interventions that move members beyond that level (Frew, 1986). Suggestions of appropriate interventions will follow in succeeding paragraphs.

As the facilitator approaches the task of organizing and developing a support group, it is well to keep in mind those qualities that make this kind of group effective. Silverman (1980) states that the facilitator to bring together people who are in similar situations and then to make easy the process of their sharing of experiences and of their teaching one another how to cope. Humm (1979) characterizes effective support groups as groups that

> (1) are constantly expanding, thus allowing for older members to model and play the helper role;
> (2) develop many leaders and helpers with considerable shared leadership;
> (3) provide many pay-offs or extra gains -- such as media attention, etc.;
> (4) have developed strong ideologies, missions, whether a social ideology or the AA type;
> (5) have resources -- meeting place, newsletter, funds;
> (6) have developed strong group traditions;
> (7) have developed varied activities;
> (8) have developed a strong experiential knowledge base. (p.8)

It is apparent from this list that the facilitator can have many responsibilities. He or she can assist in much of the coordination, but in the process the emphasis must be on enabling members of the group to assume responsibility for modeling, leading, etc.

Before tracing facilitation through each of the developmental stages of the support group, it is well to note the two limitations that Frew (1986) identifies for most support groups. He states that "the illusion of inclusion (p.93) and the fact that "mutual support is not enough" (p.94) contribute to the failure of many support groups to provide full benefits to their members. "The illusion of inclusion" comes from the fact that

> Whereas many types of groups struggle to get started, the ....support group frequently and rapidly breaks through the initial discomfort by focusing on the group's stated topic or common issue....An almost instant sense of belonging can occur as participants focus on their similarities, which stand out at this point in the group's process. (pp.93-94)

> Eventually, however, the emphasis on similarities will run its course. Personal stories will have been told and retold and the topic itself repeatedly defined and analyzed. The group is ready to move on to the "What can we do about the problem?" stage. (p.94)
>
> If the group does not move forward, a collective sense of frustration and hopelessness can occur, which members will be unable to tolerate for long without emotionally or physically withdrawing from the group. (p.94)

Also, for Frew (1986), mutual support, itself, is not sufficient, because

> ...mutual support is sometimes emphasized at the expense of two other available sources of support. In theory, group members can derive support from other members (interpersonal level) and from membership in the group itself (group or system level) or from within themselves (intrapersonal level). Ideally, a group participant would learn to draw support from the most available source or sources at any given time during the group's life. (pp.94-95)

Coplon and Strull (1983) use a group development model having five steps (preaffiliation, power and control, intimacy, differentiation, and separation) to discuss the roles held by prosionals who lead support groups. According to this model and their application of it, the professional facilitator is much more active at the beginning of the group than in later stages.

Table 1

Pregroup Stage and Accompanying Facilitator Behaviors

Developmental Stage	Facilitator Behaviors
Pregroup This is the planning phase before the group actually meets.	Recruit members Encourage recruited members to define a purpose for the group (Humm, 1979) Establish a core group to find other potential members (Humm, 1979) Insure that membership requirements allow for ease in joining as well as in exiting (Humm, 1979) Locate a meeting place Publicize meetings

Prior to the preaffiliation stage, the facilitator can be involved in many tasks (See Table 1). First, members of the group need to be recruited, and if facilitators know of several people with a common problem or concern, they can become organizers and brokers for the group. Second, when a few people have been identified, it may be appropriate to encourage them to begin to define a pur- pose for the group prior to its first meeting. Third, Humm (1979) suggests that a core group is effective in planning for a larger group, and the facilitator might want to consider establishing such an entity for the purposes of finding other potential members, establishing a purpose, and planning the first meeting. Humm suggests attention to membership requirements and cautions facilitators to keep in mind that support groups are usually informal, and it should be easy for members to join as well as to leave without hassle.

During the preaffiliation phase (see Table 2), the group meets for at least the first time, and members are characterized by not knowing one another and by being anxious about being together. Here, the facilitator can begin with an explanation of how the support group

> ...process works and the sort of "division of labor" that makes it possible. You might say something to the effect that while you understand something about group process, and, as leader, will try to create an atmosphere in which everyone will feel able to speak but no one person will dominate the proceedings, the group participants also have expertise to bring to the process, that they are the ones who understand best the problems they are experiencing, and that it is from the interchange among them that solutions to those problems may emerge. (Silverman, 1980, p.40)

The facilitator, also, needs to bring about discussion of the personal goals that members might have. Because of some prior knowledge of the members, the facilitator might provide initial goals and even have some kind of exercise to help members come to know each other. Here, it is important for the members of the group to understand the role of the facilitator and to realize that that role will change during the course of the group. Members need to know that the facilitator plans to attend most of the first several meeting and then will begin to attend less frequently becoming more of a consultant in group dynamics to the group, according to Coplon and Strull.

The preaffiliation stage for Coplon and Strull is called the "inclusion phase" by Schutz (1973), and here, Frew (1986) believes that attention needs to be paid to member anxiety over belonging, orientation, safety, and "fit" within the group.

> Generally, the [facilitator] can address those needs by encouraging everyone to speak, by ensuring that no one is

Table 2

Preaffiliation Stage and Accompanying Facilitator Behaviors

Developmental Stage	Facilitator Behaviors
Preaffiliation or Inclusion Early meetings of the group are characterized by members not knowing one another and by their being anxious about being together.	Clarify the role of the facilitator and emphasize his/her decreasing involvement Emphasize group member expertise (Silverman, 1980) Model sharing of feelings (Rosenberg, 1984) Demonstrate supportive behaviors (Rosenberg, 1984) Build intra-group trust, support, and communications (Rosenberg, 1984) Develop group traditions (Humm, 1979) Enable members to assume responsibility for facilitating (Dickel & Boytim, 1986) Acknowledge intrapersonal support (self-support) as the dominant level at this stage (Frew, 1986) Encourage a shift the focus from intrapersonal to interpersonal and system support (Frew, 1986) Birng about discussion of personal goals (Coplon & Strull, 1983) Point out member similarities and differences (Frew, 1986)

challenged too early in the process, and by answering questions regrading the purpose of the group and any basic ground rules that will be enforced. One of the common ways that members will strive to meet their needs to belong in the group will be to focus on the similarities that exist among the participants. (Frew, 1986, p.96)

The dominant level of psychological being that exists during the inclusion phase is intrapersonal. Members will tend to keep to themselves and experience their separateness more

than their alliance with other members or their membership in the system itself. The most available level of support at this time is self-support. No one is ready to reach out to another for assistance with a specific need. Leadership intervention can be designed to acknowledge and make legitimate the intrapersonal experience of the members while encouraging them to begin to shift their attention to other members of the group itself. The following are examples of interventions:

Intrapersonal level (acknowledgment)

> I'm feeling a little nervous about being here. I'm curious about what others are experiencing right now.
>
> I would like to know how some of you take care of yourself when you are among people you don't know very well.

Interpersonal level (to encourage a shift)

> I wonder if you would be willing to pick someone in the group with whon to share your gripes directly.
>
> Look around the group and pick out one person who you think would be willing to do you a favor.

Systems level (to encourage a shift)

> Everyone in the group has mentioned how discouraged they are.
>
> I'm noticing how little energy we all have now compared to our meeting last week.

The intrapersonal level interventions reflect the internal experiences (cognitive or emotional) of the members and encourage them to be aware of existing self-support systems. The interventions made at the interpersonal level encourage members to explore making contact with others. The systems level intervention heightens the members' awareness of common themes that illustrate the existence of the group itself as a source of affiliation and support.....Members will naturally take more risks as the similarities among themn become evident. The interpersonal and systems level interventions demonstrate other options for experience and support that will be expanded later in the group's life. (Frew, 1986, pp.96-97)

Table 3

Power and Control Stage and Accompanying Facilitator Behaviors

Developmental Stage	Facilitator Behaviors
Power and Control Early into the group, members may become concerned about power and control issues.	Assess personal behaviors to insure that no great efforts are being made to control (Coplon & Strull, 1983) Identify member differences and help members discuss these with each other (Frew, 1986) Acknowledge interpersonal level support as dominant at this stage (Frew, 1986) Encourage a shift from the interpersonal level to intrapersonal and system level support (Frew, 1986)

The second stage of the group (see Table 3) described by Coplon and Strull is characterized by internal concern over power and control issues. In support groups, "... ...the membership tends to become more homogeneous because those who feel quite different from the majority often choose to drop out during stage one (preaffiliation)" (Coplon and Strull, p. 262). If there are struggles over power and control, it is the facilitator to whom they are directed. This may originate from the group's ambibilence toward the facilitator, because there is gratitude in that he/she has organized the group and brought them together, but at the same time, members may resent the facilitator for exercising continuing power (Coplon and Strull, 1983). If there does seem to be an issue of power and control within the group, or if members appear ambivilent about the facilitator's presence, it may be necessary for the facilitator to assess personal behaviors in relation to group needs. If the facilitator is hampering group development by assuming too much control, then controlling behaviors should be withheld.

It is not uncommon for most support groups to come close to the control stage, but they have difficulty dealing with the tasks associated with getting into this stage (Frew, 1986). Here, the facilitator must work helping members deal with threats to the group's foundation.

> For the group to progress, individual members must become aware of the ways in which they differ from each other. They must also learn that the conflicts stemming from

differences can be managed satisfactorily. At this point the general [faciliative] task is to identify the differences that exist in the group and to encourage participants to make contact with each other about those differences. (Frew, 1986, p.97)

The dominant level of psychological being related to the control phase is the interpersonal level....The most readily available source of support at the interpersonal level is through identifications with cliques or subgroups. The [facilitative] approach, again, is to acknowledge the "what is" while encouraging members to experience less apparent levels of psychological being. The following are examples of interventions.

Interpersonal level (acknowledgement)

> Go around the group and tell each member how you are different from them.
>
> Are there any questions or concerns about the way that I am [facilitating] this group?
>
> Can you ask one of the other women for the hug you won't ask a man for?

Intrapersonal level (to encourage a shift)

> I would suggest that each of you take a few minutes to withdraw from this discussion and to identify what you are feeling.
>
> When you are being confronted, I notice that you stop breathing and you smile frequently.

Systems level (to encourage a shift)

> The two of you are fighting over an issue that also divides our whole group.
>
> There seems to be a norm in this group that you must be polite to other people.

The examples of leader interventions listed are designed to heighten the awareness of differences, to encourage contact or conflict about those differences, and to help individuals locate support possibilities within or without the group to make the hard work of boundary differentiation tolerable. There is a tendency of group participants to project their attitudes and feelings onto others during this period, which often results in an irreconcilable split that will be acted out by two members (interpersonal level). The leader can

maneuver around this impasse by suggesting that each group member deal with his or her own internal ambivalence (intrapersonal level) or that the group divide itself into subgroups to debate the issue (systems level). (Frew, 1986, pp.97-98)

Table 4

Intimacy Stage and Accompanying Facilitator Behaviors

Developmental Stage	Facilitator Behaviors
Intimacy Here, members are trusting of each other, and group cohesion is high. Members are actively supporting each other, and they are able to comfortably request facilitator assistance.	Provide suggestions and create awarenesses as needed (Coplon & Strull, 1983) Plan to not be present as frequently (Coplon and Strull, 1983) Acknowledge system level support as dominant at this stage (Frew, 1986) Encourage a shift from system level to intrapersonal and interpersonal levels levels of support (Frew, 1986) Reinforce and support efforts at problem-solving and coping

The third stage of group development (see Table 4) involves increased intimacy among members. During this time, members are trusting of, and dependent on, each other's support. There is power in group's cohesion, and members are able to comfortably request professional assistance (Coplon and Strull). Here, there is spontaneity and member control of the group's destiny. At this point, the group has finally arrived on its own, and the facilitator has a choice of two distinct kinds of action. It may be appropriate to provide suggestions and create awarenesses (Coplon and Strull, p.263), for now, the group may be able to handle it without resentment. Or, the facilitator may begin to move away from frequent contacts with the group, for it is ready to act on its own.

Frew (1986) states that this is a time when

...members experience the full sense of trust and intimacy available only after the similarities and differences among them have been clarified. The group will report feeling cohesive and committed to the task of the group and to meeting the needs of its members. (p.98)

> Some of the goals to be alert to as a [facilitator] are using all group participants as resources and support providers, attending to each individual's specific needs, and assisting members to close the group with a minimum of unresolved issues. (p.98)
>
> The dominant level of psychological being that exists during the affection phase is the systems level. Members will identify strongly with the group itself and resist any outside forces that they perceive would threaten the achieved cohesion or alter the composition and integrity of the group. As in previous phases, the [facilitive] approach involves a blend of interventions that will reflect all the levels of psychological being and support. Some of the interventions are designed to validate and channel the group's spirit and cohesion so the group can operate at maximum productivity. Other interventions challenge the emphasis on cohesiveness during this final stage. The following are some suggested interventions.
>
> Systems level (acknowledgement)
>
> We have all pitched in and solved the problem.
>
> I am struck by how comfortable we have become with opposing views.
>
> Intrapersonal level (to encourage a shift)
>
> Take a minute to check in with yourself. What do you still need from the group?
>
> What differences do you notice about yourself since the group started?
>
> Interpersonal level (to encourage a shift)
>
> Who in particular in the group would you like to respond to your request?
>
> Tell the other group members what you appreciate the most about them. (p.98)

Here, the beginning of the end of the group is occurring.

> The [facilitator] must assert some authority during this phase to assist members in closing the group. The sense of cohesiveness will be so strong and comfortable that closure will almost always be resisted. Interventions at the intrapersonal and interpersonal levels will support the work of finishing business with others and reexperiencing individual boundaries. Systems level interventions during

> the affection phase will heighten the participant's awareness of cohesion and support the task of addressing individual needs as efficiently as possible. (Frew, 1986, pp.98-99)

Table 5

Differentiation Stage and Accompanying Facilitator Behaviors

Developmental Stage	Facilitator Behaviors
Differentiation Members turn away from the group and focus on their own identities and on a transfer of group learning to their real lives.	Respond to requests for consultation on group dynamics and health care issues Begin to give permission for members to seek support outside of the group (Coplon & Strull, 1983)

The fourth stage in the development of the group (see Table 5) is characterized by differentiation. In this stage,

> ...members begin to turn their attention away from the group as the primary focus of interaction and toward themselves as distinct individuals. The intimacy shared by members is still present and they have gained strength from group relationships, but now readiness is shown to turn to outside sources for support and gratification. (Coplon and Strull, p. 264)

The professional facilitator is not involved in the group at this point, except for an occasional request for consultation. The group does, however, feel that it can call upon the facilitator as needed.

The final stage in the development (see Table 6) involves termination, and the facilitator can make this stage evolve more easily than the members. Here, members might need to receive "permission to end and move on to other experiences" (Coplon and Strull, p. 264). Thus, the facilitator will have gone full-circle with some members, from recruitment to ending and send-off. The trust that is built from this process is invaluable in helping clients, as well as in freeing them to grow on their own.

Table 6

Termination Stage and Accompanying Facilitator Behaviors

Developmental Stage	Facilitator Behaviors
Termination Members end their active affiliation with the group and move into pursuit of their real lives.	Give permission to members to end group affiliation and to move on with their lives (Coplon & Strull, 1983) Send members off with support, good wishes, and a belief that they can return to the group as needed

GAINING EXPERIENCE BEFORE FACILITATING A SUPPORT GROUP

The gaining of experience before becoming a support group facilitator involves three broad areas. First, there is a need to acquire an academic knowledge base regarding the operation of support systems and of support groups. Second, there is a need to observe and belong to an organized support group. And, third, there is a need to allow the beginning facilitator to develop a small scale support group or to co-facilitate.

Academic knowledge of support systems and self-help groups can be obtained through reading the listing of references for this paper and by looking through social work and community psychology journals. New information is coming out each month in a wide variety of fields, and the curious person will benefit from look at the disciplines that have traditionally favored an emphasis on the environment as therapeutic agent.

Direct experience in an organized support/self-help group will benefit the prospective support group facilitator. Humm (1979) believes that a person interested in support groups learns the most

> ...by visiting or joining an existing group, even if you think that it has little to do with your specific interests or concerns. (p.11)

He encourages beginners to be courageous in seeking knowledge of support groups, and to him, "...the best way to learn is by doing" (Humm, 1979, p.11).

Go to an open meeting of Alcoholics Anonymous and listen to

how people find a way to share their stories. If a group announces a program to which the public is invited (check neighborhood publications for these announcements), go and see how such an evening is conducted. Go with a checklist of things that you want to find out, such as:

-- How are new people greeted when they come in?

-- How is the meeting organized?

-- What kinds of roles do group leaders play at meetings?

-- How many people does the group rely upon to run their coffee and social hour?

-- How does the set-up of the room enhance or hinder what they are trying to accomplish at a meeting?

-- How did they find their space and how did they pay for it (if they do)? (Humm, 1979, pp.11-12)

In addition to Humm's questions, the observer might look for answers to the following:

-- How are members recruited?

-- What are the main requirements for membership?

-- What is the dominant ideology or philosophy of the group?

-- What printed materials will the group, or its national headquarters share with you?

-- What happpens during a meeting of the group? Who talks and what do they say?

-- How is the time during the group meeting used? Is it all serious member interaction, or is there time for socializing or other things?

The answers to all of these questions can be reported back to a training group of which new facilitators are members.

After the prospective facilitator has gained academic knowledge of support systems and support groups, and has observed and been a part of an organized group, he or she is ready to have the experience of organizing and implementing a support group. This task can be carried out in the following settings:

A. Within a counselor education program, whereby the facilitator organizes peers who are having a common experience (e.g., practicum students, students preparing for

comprehensive exams, students writing their theses, etc.);

B. Within a campus, whereby the facilitator organizes students who are having a common experience (e.g., drug and alcohol concerns, divorcing parents, death of a parent, major examinations, etc.);

C. Within the community, whereby the facilitator organizes individuals who are having a common experience (e.g., teachers in a school setting, students within that setting who come from alcoholic homes, people in the larger community who are struggling with some malady, family members of persons in the community who are suffering from some malady, etc.).

The development of the small scale support group should be supervised by someone who has had experience with support group facilitating. It is helpful if several new facilitators engage in the process together, for they can share their learning experiences and support one another.

Conclusions

The power of social support groups as interventions are just beginning to be recognized. Their use requires a reorientation of traditional thinking about group leadership and the inherent ability of the client to do for him/ herself. The uniqueness of the process necessitates that the facilitator be trained in its implementation. It is hoped that helping professionals will realize the impact of social support and support groups and will incorporate them into their practice. Likewise, it is hoped that trainers of helping professionals will see the value to social support and self-help interventions and will prepare their students to effectively use them.

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